

## July 25, 2003 Montana Mental Health Services Plan Notice Pharmacy Providers

## **Mental Health Services Plan Pharmacy Changes**

The following changes are being made in the Montana Mental Health Services Plan pharmacy benefits. Please note the different effective dates for each of the two changes.

Effective **August 1, 2003**, the monthly pharmacy benefit cap will increase to \$425 per client per calendar month. This cap will increase from its current level of \$250. Once a client has reached their cap in any given calendar month, any additional prescriptions will be the client's responsibility.

Effective **October 1, 2003**, all current cost-sharing amounts will be raised by \$2 each. A list of those new amounts for the drug classifications follows:

- \$12 for generic preferred
- \$17 for generic non-preferred
- \$12 for brand drugs with no generic available
- \$12 for preferred brand with a generic available
- \$17 for non-preferred brands
- No co-pay will be required for clozaril and clozapine

## **Contact Information**

The MHSP formulary is available both on the Provider Information website and in the *Mental Health Provider Manual* and the *Prescription Drug Program Manual* all available at:

http://www.mtmedicaid.org

If you have any questions or require additional information, please call Provider Relations at:

Provider Relations in Helena and out-of-state: (406) 442-1837 In-state toll-free: 1-800-624-3958

ACS P.O. Box 8000 Helena, MT 59604